

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25795

1. PLACE OF DEATH

County Lincoln
 Township 1st
 City Bragg City (No.)

Registration District No. 653
 Primary Registration District No. 5864

File No. 6
 Registered No. 6
 St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

St.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 6 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6463

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo. W. T.

FATHER

13. NAME

Mrs. Lulu Josephine Bowling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Springfield Mo.

MOTHER

15. MAIDEN NAME

Mrs. Lulu Durham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not Known

17. INFORMANT (ADDRESS)

Leav. Boyd
Bragg City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Chillicothe

DATE

7-5

1934

19. UNDERTAKER (ADDRESS)

Smith & Sons
Bennett Mo.

20. FILED

7/3

19

348thRhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 3, 1934

22. HEREBY CERTIFY, That I attended deceased from

June 30 1934 to July 3, 1934last saw her alive on July 3, 1934 Death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris2 yrs ago

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Speer, M. D.

(Address)

Deering, Mo.

Handwritten notes in the bottom left corner, possibly a signature or initials, including the word "T" and "J" and some illegible scribbles.